

Maine Chapter

INCORPORATED IN MAINE

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Executive Committee

President

Laura Blaisdell, MD, MPH, FAAP

Vice President

Brian Youth, MD, FAAP

Treasurer

Christopher Motyl, DO, FAAP

Secretary

Genevieve Whiting, MD, FAAP

Immediate Past President

Deborah Q. Hagler, MD, MPH, FAAP

Board of Directors

Mahmuda Ahmed, MD, FAAP

Joseph Anderson, DO, FAAP

Amy Buczkowski, MD, FAAP

Melissa Burch, MD, FAAP

Adrienne Carmack, MD, FAAP

Gabriel Civiello, MD, FAAP

Anne Coates, MD, FAAP

Dan Hale, MD, FAAP

Riley Heroux**

Jennifer Jewell, MD, MS, FAAP

Stephanie Joy, MD, FAAP

Emily Keller, MD, FAAP

Alton Kremer, MD, PhD, FAAP

Michele Labotz, MD, FAAP

Maria Libertin, MD*

Lawrence Losey, MD, FAAP

Valerie O'Hara, DO, FAAP

Gita Rao, MD, FAAP

Sydney Sewall MD, MPH, FAAP

Austin Wheeler Steward**

Jeffrey Stone, DO, FAAP

Mary Tedesco-Schneck, PhD, NP

Andrea Tracy, MD, FAAP

Aaron Wallace, MD*

*Resident Board Representatives

**Medical Student Representatives

Staff

Dee Kerry, BS Ed

Executive Director

Emily Belanger, RN, BSN

Admin & Project Coordinator

30 Association Drive, Box 190

Manchester, ME 04351

office: 207-480-4185

www.maineaap.org

Testimony of Maine Chapter of the American Academy of Pediatrics in Favor of LD257, An Act to Provide for Later starting Time for High Schools

Senator Rafferty and Representative Brennan and members of the Committee on Education and Cultural Affairs, my name is Dr. Deborah Hagler. I reside in Harpswell and am the Immediate Past President of the Maine Chapter of the American Academy of Pediatrics. I am testifying on behalf of the chapter in favor of LD 257, an Act to Provide for Later Starting Times for High Schools. I have practiced pediatrics in the Brunswick region for the last 25 years. My medical degree is from Cornell Medical College, I did my pediatrics training at the Children's Hospital of Philadelphia, and I received a Master of Public Health focusing on pediatric and adolescent mental health from the Johns Hopkins School of Public Health.

Anyone with a teenager in their lives recalls a moment when they looked at the young person and thought, wow, what happened to the little boy or girl? It seems they suddenly morphed into young adults with a host of new needs and challenges. Many changes occur to produce this metamorphosis- one of the most important is a change in sleep. Teens, on average, need more of it than most people believe – they need 8.5 to 9.5 hours each night. Their biological clock shifts by about 2 hours as they enter mid-adolescence, and it tends to take longer for them to fall asleep. Without current societal pressures, many teens would naturally feel very comfortable falling asleep at 11 and waking around 8am.¹ However, data from the Youth Risk Behavioral Health Survey reveals almost 73% of US high school students get less than 8 hours of sleep a night, with 22% getting less than 6 hours.²

Sleep, a critical function preserved across all species, plays key roles in both physical and mental well-being. Our immune system functions best when sleeping – and much of children's growth occurs during their sleeping hours. Sleep is critical for laying down memories, mood regulation, and focus. Chronic poor sleep is associated with an increased risk of developing mood disorders such as anxiety and depression, poor decision making, increased tendency to participate in high-risk behaviors and poorer academic outcomes. Additionally, poor sleep has been linked to less physical activity and has been shown to be a contributing factor to the development of obesity.^{1,3}

Starting school later for high school students has indeed been demonstrated to increase weekday sleep duration, and additional studies have further shown increased school attendance, increased academic performance, a decrease in the number of reported depressive symptoms, and a decrease in the number of automobile accidents among adolescent drivers.⁴

Most people are aware that adolescents are increasingly struggling with significant mental and behavioral health challenges- so much so, that several leading children's health organizations including the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry and the Children's Hospital Association have declared a national emergency in child and adolescent mental health.⁵

Obviously, many complex factors are contributing to this national emergency, with poor sleep just one piece of this puzzle. Providing more sleep for students by following their natural biologic rhythms offers the potential to broadly intervene and support the health and well-being of our youth. LD 257 is aligned with AAP policy which supports and encourages later start times for high school students¹. The Maine Chapter of the American Academy of Pediatrics strongly urges you to support this legislation. This is one way we can support youth that can make a significant difference to their wellbeing, now and in each child's future.

References

1. Adolescent Sleep Working Group; Committee on Adolescence; Council on School Health. School start times for adolescents. *Pediatrics*. 2014 Sep;134(3):642-9. doi: 10.1542/peds.2014-1697. PMID: 25156998; PMCID: PMC8194457.
2. Wheaton AG, Ferro GA, Croft JB. School Start Times for Middle School and High School Students - United States, 2011-12 School Year. *MMWR Morb Mortal Wkly Rep*. 2015 Aug 7;64(30):809-13. doi: 10.15585/mmwr.mm6430a1. Erratum in: *MMWR Morb Mortal Wkly Rep*. 2015 Aug 14;64(31):859-60. PMID: 26247433; PMCID: PMC5779581. https://www.cdc.gov/mmwr/volumes/67/wr/mm6703a1.htm?s_cid=mm6703a1_e
3. Wheaton AG, Chapman DP, Croft JB. School Start Times, Sleep, Behavioral, Health, and Academic Outcomes: A Review of the Literature. *J Sch Health*. 2016 May;86(5):363-81. doi: 10.1111/josh.12388. PMID: 27040474; PMCID: PMC4824552.
4. Yip T, Wang Y, Xie M, Ip PS, Fowle J, Buckhalt J. School Start Times, Sleep, and Youth Outcomes: A Meta-analysis. *Pediatrics*. 2022 Jun 1;149(6):e2021054068. doi: 10.1542/peds.2021-054068. PMID: 35593065; PMCID: PMC9665092.
5. [Emergency in Youth Mental Health-AAP](#)